# **Application Data Sheet**

Secrecy Order in Parent Appl.?::

# **Application Information**

Application number::	
Filing Date::	12/05/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	THERMOPLASTIC VULCANIZATES
Attorney Docket Number::	006125-00004
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers:	

NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Jonas

Middle Name::

Family Name:: Angus

Name Suffix::

City of Residence:: Harvard

State or Province of Residence:: MA

Country of Residence:: USA

Street of mailing address:: 102 Poor Farm Road

City of mailing address:: Harvard

State or Province of mailing address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 01451

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Pual

Middle Name::

Family Name:: Brunelle

Name Suffix::

City of Residence:: Dracut

State or Province of Residence:: MA

Country of Residence:: USA

Street of mailing address:: 53 Brigham Avenue

City of mailing address:: Dracut

State or Province of mailing address:: MA

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Country of mailing address::

**USA** 

Postal or Zip Code of mailing address:: 01826

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

Status::

**Full Capacity** 

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number::

22910

#### **Representative Information**

Representative Customer Number::

22910

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/US02/18285	06/10/02
	Non-Provisional of	60/296,997	06/08/01

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::